

Case Number:	CM15-0042219		
Date Assigned:	03/13/2015	Date of Injury:	06/12/2012
Decision Date:	04/22/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male, who sustained an industrial injury on 6/12/2012. His diagnoses include status post open reduction internal fixation (ORIF) and rearthrodesis of the Lisfranc joint (3/03/2014), failed Lisfranc arthrodesis left foot, fracture of first, second and third cuneiform region and painful gait. Treatment to date has included surgical intervention, splints, crutches specialized shoes, and diagnostics. Per the most recent Primary Treating Physician's Progress Report dated 2/09/2015, the injured worker reported continued pain in the left foot. He has difficulty with prolonged ambulation and weight bearing. He has continued pain in the tarsometatarsal junction. Physical examination revealed pain to direct palpation of the tarsometatarsal junction. Hardware is present from previous surgery. He is clearly showing improvement as expected regarding this area. The pain is from the tarsometatarsal junction, not from Lisfranc articulation. The Lisfranc articulation is improving as expected. Arthritic changes are seen at the third metatarsal articulation. There is some instability of the metatarsal heads with dorsal force to the forefoot and palpation of the metatarsophalangeal joint causes discomfort but to significant subluxation or instability is identified. The plan of care included surgical intervention. Authorization was requested for CAM walker, hot/cold therapy, inferential unit and knee walker.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CAM walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation (ODG-TWC) Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines; CAM walker.

Decision rationale: ODG states that a CAM Walker is essentially an immovable cast. Regarding this, ODG states "Not recommended in the absence of a clearly unstable joint or a severe ankle sprain. Functional treatment appears to be the favorable strategy for treating acute ankle sprains when compared with immobilization. Partial weight bearing as tolerated is recommended. However, for patients with a clearly unstable joint, immobilization may be necessary for 4 to 6 weeks, with active and/or passive therapy to achieve optimal function. In young patients with low-risk ankle fractures, treatment with a removable ankle brace leads to greater activity level and faster return to baseline activity level vs treatment with a cast, and the removable ankle brace is also more cost-effective and preferred by more patients than treatment with a cast. A 10-day period of immobilization in a below-knee cast or Aircast results in a more rapid recovery from severe ankle sprain compared with the current clinical practice of mobilization after a severe ankle sprain according to an RCT in [REDACTED]. The researchers conclude that below-knee cast is a better choice for clinicians treating severe ankle sprains than a tubular compression bandage because it aids recovery, lessens symptoms, and helps patients return to normal function. The results of the study call into question the current standard of aggressive functional treatment of patients recovering from acute ankle sprains. (Lamb, 2009) According to this systematic review of treatment for ankle sprains, for severe ankle sprains, a short period of immobilization in a below-knee cast or pneumatic brace results in a quicker recovery than tubular compression bandage alone. (Seah, 2011) For patients with temporary artificial functional limb length discrepancy (LLD) sequelae from use of a CAM immobilization device, a temporary lift (eg, a device designed to attach to the contralateral shoe to compensate for the boot-induced functional LLD) can produce a more normal gait by eliminating the functional LLD and avoiding the symptoms commonly associated with a LLD. It is not necessary to put a CAM walker on an uninjured leg to correct the LLD when the injured leg is in such a device." There is no medical documentation that there is a unstable joint. Therefore, the request for a CAM walker is not medically necessary.

Hot/cold therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation (ODG-TWC) Knee and Leg Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle, Continuous-flow cryotherapy.

Decision rationale: MTUS is silent on the use of cold therapy units. ODG states, "Not recommended. In the postoperative setting, continuous-flow cryotherapy units have been proven to decrease pain, inflammation, swelling, and narcotic usage; however, the effect on more frequently treated acute injuries in the ankle and foot has not been fully evaluated. Continuous-flow cryotherapy units provide regulated temperatures through use of power to circulate ice water in the cooling packs. Most studies are for the knee; evidence is marginal that treatment with ice and compression is as effective as cryotherapy after an ankle sprain." Therefore, the request for hot/cold therapy is not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines interferential current stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 114-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, TENS chronic pain (transcutaneous electrical nerve stimulation).

Decision rationale: MTUS states regarding TENS unit, "Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below." For pain, MTUS and ODG recommend TENS (with caveats) for neuropathic pain, phantom limb pain and CRPSII, spasticity, and multiple sclerosis. The medical records do not indicate any of the previous conditions. ODG further outlines recommendations for specific body parts: Low back: Not recommended as an isolated intervention Knee: Recommended as an option for osteoarthritis as adjunct treatment to a therapeutic exercise program Neck: Not recommended as a primary treatment modality for use in whiplash associated disorders, acute mechanical neck disease or chronic neck disorders with radicular findings Ankle and foot: Not recommended Elbow: Not recommended Forearm, Wrist and Hand: Not recommended Shoulder: Recommended for post-stroke rehabilitation Medical records do not indicate conditions of the low back, knee, neck, ankle, elbow, or shoulders that meet guidelines. Of note, medical records do not indicate knee osteoarthritis. ODG further details criteria for the use of TENS for Chronic intractable pain (for the conditions noted above): (1) Documentation of pain of at least three months duration; (2) There is evidence that other appropriate pain modalities have been tried (including medication) and failed; (3) A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial; (4) Other ongoing pain treatment should also be documented during the trial period including medication usage; (5) A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted; (6) After a successful 1-month trial, continued TENS treatment may be recommended if the physician documents that the patient is likely to derive significant therapeutic benefit from continuous use of the unit over a long period of time. At this point purchase would be preferred over rental. (7) Use for acute pain (less than three months duration) other than post-operative pain is not recommended.(8) A 2-lead

unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The medical records do not satisfy the several criteria for selection specifically, lack of documented 1-month trial, lack of documented short-long term treatment goals with TENS unit, and unit use for acute (less than three months) pain. As such, the request is not medically necessary.

Knee walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Treatment in Workers' Compensation (ODG-TWC) Ankle and Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee, Durable Medical Equipment (DME) and Exercise Equipment Other Medical Treatment Guideline or Medical Evidence: Medicare.gov, durable medical equipment.

Decision rationale: MTUS and ACOEM are silent regarding the medical necessity of shower chairs. ODG does state regarding durable medical equipment (DME), "Recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME) below" and further details "Exercise equipment is considered not primarily medical in nature." Medicare details DME as: durable and can withstand repeated use; used for a medical reason; not usually useful to someone who isn't sick or injured; appropriate to be used in your home. The request for a knee walker likely meets the criteria for durability and home use per Medicare classification, although the request is non-specific. However, the treating physician fails to comment on what medical reason the patient has that would necessitate this device. No validation of the patient's fragility, fall risk, lack of ability perform these daily activities, or other components to justify this request. It is unclear exactly what limitation the employee has that necessitate this device. Therefore, the request is not medically necessary.